

Coping With Crisis

Facilitator's Guide

People react to tragedy in different ways. Although Employee Assistance Coordinators aren't functioning as therapists, you *are* someone there to help. Some of the best things you can do include:

- Listening. Often people are just processing their feelings out loud, and don't need anything more from you than an empathetic ear. A good way to get people talking is to ask where they were when they first heard about the tragedy.;
- Validating. When faced with tragedy we sometimes feel "silly" for reacting so strongly. You may hear someone say "I know it's dumb, but I keep having crying spells. I don't even know any of those people", or "For some reason I just can't keep my mind on my work." Help people to understand the physical and emotional reactions to stress, that they affect everyone differently, and that these reactions are normal. Help them to feel comfortable seeking mental health help from their HMO or community.
- Coordinating a group. Sometimes people just need to hear that others are having difficulty too. For example, suggest in a group that a common reaction might be inability to concentrate, diarrhea, or loss of interest in sex, and watch how many people nod their head in surprise that they're not the only one suffering this way. See coping group outline below.
- Offering resources. Encourage those who are suffering to contact their HMO for mental health help, or offer to help them to make an appointment. Look up websites that address their concerns. Look for local community groups that deal with the problem. Remember to encourage the use of the EAP!!!
- Giving ideas for a course of action. When faced with a tragedy, especially a distant one, people feel helpless. Suggest that they create a memorial service or garden, coordinate an office fund-drive for the victims or give blood. This is a great time for people to contact their local Red Cross about becoming a disaster volunteer so that they can help the next time something happens. Encourage people to exercise or get involved in a physical activity.

Coping groups

The next page is a suggested outline for facilitating a coping group. Plan on 1 to 2 hours for the group. To facilitate a group use a comfortable room that can be set up with seats in a circle, around a table is best. It should be quiet and allow people to speak without non-group members overhearing them. Start by introducing yourself and explain your role with EAP, reminding them that EACs are there as supports, not professional counselors. Give a brief overview of what we'll talk about today (what are normal reactions, how we personally reacted, things we can do), and then get the group to agree that what is said in the group will not be shared with anyone else. Ask if there are any questions. It's sometimes helpful to plan your first sentence of the outline, like "Every one of us has been affected by this tragedy, and probably we've all had a different reaction." Good luck!

Coping with Trauma

Group Outline

Preface: Introduce yourself, overview, confidentiality agreement

I. How do we experience trauma?

- ❖ Everyone is different
 - ❖ Doesn't matter whether you knew the victim(s) personally; we all react in a personal way.
 - ❖ May manifest in different ways: stress, anxiety, anger, guilt, numbness
 - ❖ At first: shock, denial, disbelief, numbness
 - ❖ Chaos: we expect a stable pattern to be unbroken; no surprises, no changes to the status quo;
 - ❖ Anger:
 - ◆ at victims, God, ourselves, nations
 - ❖ Withdrawal, mental preoccupation
 - ◆ Weird thoughts at weird times
 - ◆ Strange or "morbid" (to us) thoughts about life and death, and the nature of the death
 - ◆ Want to talk about it/don't want to talk about it
 - ◆ Desire to talk about or watch the "gory details" over and over (normal reaction, but be sensitive to peers) (Also, too much may add to our trauma damage).
 - ❖ Fear
 - ◆ We identify with victims
 - ◆ Vulnerability--It could happen to us (especially if we believe we are at risk too, like government workers)
 - ◆ Transference of grief to our families ("What if my husband was hurt and suffering and couldn't be saved"; "My brother used to work at the Pentagon")
 - ❖ Acceptance
 - ◆ Of situation, reactions of self & others
 - ❖ Physical and Other Reactions
 - ◆ Sleep problems, Loss of energy, Loss of concentration, digestive problems, lower sexual energy, lots of fatigue
 - ◆ Dreams (awake & asleep)
 - ◆ Unspecific tension, shortness of breath
 - ◆ Somatism -- experience physical symptoms
 - ◆ Irritability, cynicism, crying spells
 - ◆ No set timeline--may experience reactions off & on for some time—days, weeks, months

II. Our own reactions to this situation

- ❖ Where were you when you first heard of the tragedy? How did you feel? What did you think about?
- ❖ What's been going on since then? (can't stay away from the TV, feel numb, feel sleepy, can't bear to turn on the TV, afraid to come to work, afraid to let our kids out of sight, irritable at everyone, getting sick a lot, etc. Everyone is different)

III. Griefwork

- ❖ It is often helpful to DO something: give blood, volunteer somewhere, create a memorial, write an article, exercise, or even clean house. Men often find it especially helpful to do something physical, e.g. build the memorial, plant a tree in his/her memory, etc.